PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032 rademark Office; U.S. DEPARTMENT OF COMMERCE

Date June 18, 2009

Under the Paperwork Reduction	n Act of 1995	no persons are requ	uired to re	espond to a collection	n of infor	mation unless	it displays a	valid OMB control number
Effection	Complete if Known							
Fees pursuant to the Consolida	Application Number 09/4		09/470,18	9/470,180				
FEE TR	Filing Date Deci		Decembe	ecember 22, 1999				
For FY 2009				First Named Inventor Ja		Jay MER	Jay MERVES	
Can 27 CER 1 27				Examiner Name Pau		Paul Dan	neman	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3627		
TOTAL AMOUNT OF PAYMENT (\$)				Attorney Docke	t No.	72167.00	0112	
METHOD OF PAYMENT	(check all	that apply)						
Check Credit C	ard N	Money Order	Non	ne Other (	olease id	entify):		
✓ Deposit Account Deposit Account Number: 50-0206 Deposit Account Name: Hunton & Williams LLP								
For the above-identif	fied deposit a	account, the Direc	tor is he					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
VARNING: Information on this oformation and authorization	on PTO-2038		it card in	tormation should n	Of De Inc	Judea on a	is ioiiii. Fio	vide credit card
FEE CALCULATION								
. BASIC FILING, SEAR	RCH, AND	EXAMINATION	FEES					
	FILING FEES SEARCH FEES EXAMI					MINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (	Small Entity Fee (\$)	Fee	(\$) Fee		Fees Paid (\$)
Utility	330	165	540	270	22			
Design	220	110	100	50	14	0 7	0	
Plant	220	110	330	165	17			
Reissue	330	165	540	270	65		-	
Provisional	220	110	0.0	0		0	0	
2. EXCESS CLAIM FEE		110	·	v		-		Small Entity
Fee Description							<b>ee (\$)</b> 52	Fee (\$) 26
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims  Multiple dependent claims							390	195
Total Claims					Pald (\$)			endent Claims
20 or HP =		_ x	_=			1	ee (\$)	Fee Paid (\$)
HP = highest number of total Indep. Claims	Extra Clair	ns Fee (\$)		Fee Paid (\$)				
- 3 or HP = HP = highest number of indep	pendent claims	x paid for, if greater t	_ = han 3.					
. APPLICATION SIZE If the specification and	CEE			mer (excluding	electro	nically file	ed segmen	ce or computer
listings under 37 Cl	Grawings ( FR 1 52(e)	the application	as or pe a size fi	ee due is \$270 (	\$135 fc	or small er	tity) for e	ach additional 50
sheets or fraction th	nereof. See	35 U.S.C. 41(a	)(1)(G)	and 37 CFR 1.3	16(s).			
Total Sheets	Extra She	ets <u>Numb</u> /50 =	er of ea	(round up to a	or fract	lon thereof	Fee (	Fee Paid (\$)
100 = . OTHER FEE(S)		/50 =		(localid up to a	Willow II	umber, x		Fees Paid (\$)
Non-English Specific	cation, \$1	30 fee (no smal	ll entity	discount)				
Other (e.g., late filing	g surch <b>a</b> rge	):4 Month Extens	ion of T	me and Filing Brie	of in Sup	port of App	eal	\$2270.00
BMITTED BY								
nature		7111		Registration No. (Attomey/Agent)	63,176		Telephone	202-955-1965
				(Automey/Agent)				

Name (Print/Type) Steven L. Wood This collection of information is required by 7.0 FFR 1.186. This information is required to detail or retain a brand it by the guidle which is to find by the foundation of the property of t